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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 10760971 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 1) (Column 2) FOR NUMBER FILED **NUMBER EXTRA** RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE N/A N/A N/A 0 N/A 0 (37 CFR 1.16(a), (b), or (c)) SEARCH FEE N/A N/A 0 N/A N/A O (37 CFR 1.16(k), **EXAMINATION FEE** N/A N/A N/A 0 0 N/A (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS . 0 X \$25= 0 0 minus 20 = X \$50 = (37 CFR 1.16(i)) INDEPENDENT CLAIMS 0 • 0 X \$100 = x \$200 = O minus 3 = (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size APPLICATION SIZE FEE fee due is \$250 (\$125 for small entity) 0 0 for each additional 50 sheets or fraction (37 CFR 1.16(s)) thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i)) + \$180 0 +\$360 0 If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL 0 TOTAL 0 APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 3) SMALL ENTITY OR SMALL ENTITY (Column 2) CLAIMS HIGHEST REMAINING NUMBER PRESENT ADDITIONAL ADDITIONAL 9/18/06 RATE (\$) RATE (\$) AFTER **PREVIOUSLY EXTRA** FEE (\$) FEE (\$) ENDMENT AMENDMENT PAID FOR Total (37 CFR • 17 Minus - 20 = 0 X \$25 = 0 OR X \$50= Independent (37 CFR 1.16(h)) • 3 - 3 = 0 0 Minus OR X \$100 = X \$200= 0 Application Size Fee (37 CFR 1.16(s)) O 0 0 0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) OR TOTAL TOTAL ADD'L 0 OR ADD'L 0 17-18-111 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING **PRESENT** ADDITIONAL ADDITIONAL 8 NUMBER RATE (\$) RATE (\$) AFTER **PREVIOUSLY EXTRA** FEE (\$) FEE (\$) ENDMENT AMENDMENT PAID FOR Total dr cer Minus = 0 OR 0 X \$25 = 0 X \$50 = Independent Minus = 10 | X \$100 = 100 OR X \$200 = 0 ₹ Application Size Fee (37 CFR 1.16(s)) 0 0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) 0 OR 0 TOTAL TOTAL CALCULATE 100 0 ADD'L OR ADD'L **FFE** FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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